

COMBINED DECLARATION
AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [] sole/[X] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: Fusion Receptors Specific for Prostate-Specific Membrane Antigen and Uses Thereof

the specification of which

(a) [] is attached hereto.

(b) [] was filed on _____ as Application Serial No. _____ and was amended on _____.

(c) [X] was described and claimed in International Application No. PCT/US99/20349 filed on September 3, 1999 and amended on _____.

Acknowledgment of Duty of Disclosure

I hereby state that I have reviewed and understood the content of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56(a).

35 U.S.C. § 120

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) (Filing Date) (Status)(patented,pending,abandoned) (Patent No. if applicable)

(Application Serial No.) (Filing Date) (Status)(patented,pending,abandoned) (Patent No. if applicable)

Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. No. 32,746, Marina T. Larson, PTO Reg. No. 32,038, and D'Arcy Straub, PTO Reg. No. 47,113 of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5068, Alpine Bank Center, 2nd Floor, 256 Dillon Ridge Rd., Dillon, CO 80435 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:



021121

PATENT TRADEMARK OFFICE

DIRECT TELEPHONE CALLS TO:
OPPEDAHL & LARSON LLP
(970) 468-6600

NAME OF SECOND INVENTOR	LAST NAME Bander	FIRST NAME Neil	MIDDLE NAME H.
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Chappaqua	STATE OR COUNTRY OF RESIDENCE NY	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS 2 Hemlock Hill		CITY Chappaqua	STATE/COUNTRY ZIP CODE NY 10128
DATE		SIGNATURE	
NAME OF THIRD INVENTOR	LAST NAME Gong	FIRST NAME Michael	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE New York	STATE OR COUNTRY OF RESIDENCE NY	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS 1233 York Avenue #15N		CITY New York	STATE/COUNTRY ZIP CODE NY 10021
DATE		SIGNATURE	
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	
NAME OF FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	

Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				YES [] NO []	YES [] NO []

FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	

Provisional Application

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed below.

60/099,138

September 4, 1998

(application number)

(filing date)

(application number)

(filing date)

(application number)

(filing date)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME Sadelain	FIRST NAME Michel	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE New York	STATE OR COUNTRY OF RESIDENCE NY	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS 401 E. 89 th Street #9K	CITY New York	STATE/COUNTRY ZIP CODE NY 10021	
DATE	SIGNATURE		

[X] Signature for additional joint Inventor attached. Number of Pages 1.

[] Signature by Administrator(trix) or legal representative for deceased or incapacitated Inventor. Number of Pages .

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages .

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60/099,138 (application number)	September 4, 1998 (filing date)
(application number)	(filing date)
(application number)	(filing date)

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NAME OF SOLE OR FIRST INVENTOR	LAST NAME Sadelain	FIRST NAME Michel	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE New York	STATE OR COUNTRY OF RESIDENCE NY	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS 401 E. 89 th Street #9K	CITY New York	STATE/COUNTRY ZIP CODE NY 10021	
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[X] Signature for additional joint inventor attached. Number of Pages 1.

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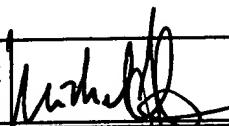
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				YES [] NO []	YES [] NO []
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NAME OF SOLE OR FIRST INVENTOR	LAST NAME <u>Sadelain</u>	FIRST NAME <u>Michel</u>	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE <u>New York</u>	STATE OR COUNTRY OF RESIDENCE <u>NY</u>	COUNTRY OF CITIZENSHIP <u>NO CANADA, PRANCE</u>
POST OFFICE ADDRESS <u>401 E. 89th Street #9K</u>		CITY <u>New York</u>	STATE/COUNTRY ZIP CODE <u>NY 10021 10128</u>
DATE <u>Feb 26, 2001</u>		SIGNATURE 	

Signature for additional joint inventor attached. Number of Pages 1.

Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages .

Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages .

NAME OF SECOND INVENTOR	LAST NAME <u>Bander</u>	FIRST NAME <u>Neil</u>	MIDDLE NAME <u>H.</u>
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE <u>Chappaqua</u>	STATE OR COUNTRY OF RESIDENCE <u>NY</u>	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS 2 Hemlock Hills		CITY Chappaqua	STATE/COUNTRY ZIP CODE NY <u>10518</u> <u>10514</u>
DATE <u>5/10/01</u>	SIGNATURE <u>W. Bander</u>		
NAME OF THIRD INVENTOR	LAST NAME <u>Gong</u>	FIRST NAME <u>Michael</u>	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE <u>New York</u>	STATE OR COUNTRY OF RESIDENCE <u>NY</u>	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS 1233 York Avenue #15N		CITY New York	STATE/COUNTRY ZIP CODE NY 10021
DATE	SIGNATURE		
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE	SIGNATURE		
NAME OF FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE	SIGNATURE		

NAME OF SECOND INVENTOR	LAST NAME Bander	FIRST NAME Neil	MIDDLE NAME H.
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Chappaqua	STATE OR COUNTRY OF RESIDENCE NY	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS 2 Hemlock Hill		CITY Chappaqua	STATE/COUNTRY ZIP CODE NY 10128
DATE		SIGNATURE	
NAME OF THIRD INVENTOR	LAST NAME <u>Gong</u>	FIRST NAME <u>Michael</u>	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE <u>New York</u> <u>Powell</u>	STATE OR COUNTRY OF RESIDENCE <u>NY</u> <u>OH</u> <u>OH</u>	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS 1233 York Avenue #15N		CITY <u>9373 Brooks Close</u>	STATE/COUNTRY ZIP CODE <u>NY 10021</u> <u>OH 43068</u>
DATE 3/1/01		SIGNATURE <u>Michael Gong</u>	
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	
NAME OF FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	